

SERFF Tracking Number: REGU-125323683 State: Arkansas  
Filing Company: Nova Casualty Company State Tracking Number: AR-PC-07-026440  
Company Tracking Number: NCC-AR-WC-07-2  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
Product Name: Workers Compensation  
Project Name/Number: Adoption of NCCI 1/1/2008 Loss Costs/NCC-AR-WC-07-2

## Filing at a Glance

Company: Nova Casualty Company  
Product Name: Workers Compensation  
TOI: 16.0 Workers Compensation  
Sub-TOI: 16.0004 Standard WC  
Filing Type: Rate

SERFF Tr Num: REGU-125323683 State: Arkansas  
SERFF Status: Closed State Tr Num: AR-PC-07-026440  
Co Tr Num: NCC-AR-WC-07-2  
Co Status: State Status:  
Reviewer(s): Betty Montesi, Carol  
Stiffler, Brittany Yielding  
Author: Kevin Purcell  
Disposition Date: 10/17/2007  
Date Submitted: 10/15/2007 Disposition Status: Approved  
Effective Date Requested (New): 01/01/2008  
Effective Date Requested (Renewal): 01/01/2008  
Effective Date (New): 01/01/2008  
Effective Date (Renewal):

## General Information

Project Name: Adoption of NCCI 1/1/2008 Loss Costs Status of Filing in Domicile: Not Filed  
Project Number: NCC-AR-WC-07-2 Domicile Status Comments:  
Reference Organization: National Council On Compensation Insurance Reference Number: AR-2007-13  
(NCCI)  
Reference Title: Arkansas - Approved Voluntary Advisory Loss Costs & Advisory Org. Circular: AR-2007-13  
Rating Values Effective January 1, 2008  
Filing Status Changed: 10/17/2007  
State Status Changed: 10/16/2007 Deemer Date:  
Corresponding Filing Tracking Number:  
Filing Description:  
Nova Casualty Company (Nova), a member of the National Council on Compensation Insurance (NCCI) respectfully submits this filing to adopt the January 1, 2008 loss costs as contained in NCCI Circular Number AR-2007-13. This corresponds to Arkansas Item Filing #AR-2007-10. All other rules and rating plans filed by Nova will remain unchanged.

Nova is filing only to adopt the January 1, 2007 NCCI loss costs. The Loss Cost Multiplier (LCM) that will be used with these loss costs will be the currently approved Nova LCM of 1.17 in Arkansas.

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## Company and Contact

### Filing Contact Information

(This filing was made by a third party - insurance regulatory consultants llc)

Kevin Purcell, kevinpurcell@ircllc.com  
 50 Broad Street (212) 571-3989 [Phone]  
 New York, NY 10004 ()-[FAX]

### Filing Company Information

Nova Casualty Company CoCode: 42552 State of Domicile: New York  
 726 Exchange Street Group Code: -99 Company Type:  
 Suite 1020  
 Buffalo, NY 14210 Group Name: State ID Number:  
 (800) 462-7261 ext. [Phone] FEIN Number: 16-1140177  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: Loss Cost Adoption filing with no change to the LCM - \$50 EFT  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Nova Casualty Company	\$50.00	10/15/2007	16119014

SERFF Tracking Number:	REGU-125323683	State:	Arkansas
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Product Name:	Workers Compensation		
Project Name/Number:	Adoption of NCCI 1/1/2008 Loss Costs/NCC-AR-WC-07-2		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	10/17/2007	10/17/2007

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Carol Stiffler	10/16/2007	10/16/2007	Kevin Purcell	10/17/2007	10/17/2007
Industry						
Response						

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Item Filing #	Note To Filer	Carol Stiffler	10/17/2007	10/17/2007

<i>SERFF Tracking Number:</i>	<i>REGU-125323683</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Nova Casualty Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026440</i>
<i>Company Tracking Number:</i>	<i>NCC-AR-WC-07-2</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>Adoption of NCCI 1/1/2008 Loss Costs/NCC-AR-WC-07-2</i>		

## Disposition

Disposition Date: 10/17/2007  
Effective Date (New): 01/01/2008  
Effective Date (Renewal):  
Status: Approved  
Comment:

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
Nova Casualty Company	2.700%	\$0	0	\$0	%	%	2.700%

SERFF Tracking Number:	REGU-125323683	State:	Arkansas
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TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Workers Compensation		
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Approved	Yes
Supporting Document	Filing Letter	Approved	Yes
Supporting Document	Nova Filing Authorization Letter	Approved	Yes
Rate	Nova Workers Compensation Final Rate Pages	Approved	Yes

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## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 10/16/2007  
Submitted Date 10/16/2007  
Respond By Date

Dear Kevin Purcell,

This will acknowledge receipt of the captioned filing.

This filing adopts Circular AR-2007-13 but does not state the Item Filing number which is often different than the Circular number. We do not receive circulars which are issued after the Item Filing is approved. Often Circulars and Item Filings have the same numbers but are not related to each other. We CANNOT accept the Circular number in lieu of the Item Filing Number. You must state the Item Filing Number.

Please feel free to contact me if you have questions.

Sincerely,  
Carol Stiffler

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 10/17/2007  
Submitted Date 10/17/2007

Dear Carol Stiffler,

### Comments:

### Response 1

Comments: Hi Carol,

I realize that the cover letter has the Circular number in bold, but it also has Item filing number AR-2007-10 listed there. In addition, I believe the Item File # AR-2007-10 is listed in a few other places in the filing, including the NAIC Transmittal, the Loss Cost Reference Adoption Form and the Rate Filing Abstract.

Thanks.

*SERFF Tracking Number:*      *REGU-125323683*                      *State:*                      *Arkansas*  
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*Company Tracking Number:*      *NCC-AR-WC-07-2*  
*TOI:*                      *16.0 Workers Compensation*                      *Sub-TOI:*                      *16.0004 Standard WC*  
*Product Name:*                      *Workers Compensation*  
*Project Name/Number:*      *Adoption of NCCI 1/1/2008 Loss Costs/NCC-AR-WC-07-2*  
Kevin

**Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,  
Kevin Purcell

<i>SERFF Tracking Number:</i>	<i>REGU-125323683</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>Adoption of NCCI 1/1/2008 Loss Costs/NCC-AR-WC-07-2</i>		

## Rate Information

Rate data applies to filing.

<b>Filing Method:</b>	Prior Approval
<b>Rate Change Type:</b>	Increase
<b>Overall Percentage of Last Rate Revision:</b>	0.000%
<b>Effective Date of Last Rate Revision:</b>	07/01/2007
<b>Filing Method of Last Filing:</b>	Prior Approval

## Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
Nova Casualty Company	2.700%	2.700%	\$0	0	\$0	%	%



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## Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Approved	Nova Workers Compensation Final Rate Pages	RATES - Arkansas Pages 1-4	Replacement	NCC-AR-WC-07 (AR AR Rates 1-1-08.pdf PC 07-024651)

# NOVA CASUALTY COMPANY WORKERS COMPENSATION

**ARKANSAS**

## RATES

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CLASS	FOOT-	RATES	MINIMUM	CLASS	FOOT-	RATES	MINIMUM	CLASS	FOOT-	RATES	MINIMUM	
CODE	NOTE		PREMIUM	CODE	NOTE		PREMIUM	CODE	NOTE		PREMIUM	
0005		3.99	\$750	2001		2.00	\$510	2651		1.86	\$487	
0008		2.45	\$584	2002		2.77	\$637	2660		1.31	\$396	
0016		5.14	\$750	2003		2.33	\$564	2670		1.95	\$502	
0034		3.50	\$750	2014		4.39	\$750	2683		1.68	\$457	
0035		2.04	\$517	2016		2.01	\$512	2688		2.41	\$578	
0036		3.38	\$738	2021		2.78	\$639	2701		6.56	\$750	
0037		3.66	\$750	2039		3.83	\$750	2702	X	22.53	\$750	
0042		5.93	\$750	2041		3.29	\$723	2710		6.94	\$750	
0050		4.52	\$750	2065		1.02	\$348	2714		4.18	\$750	
0059	D	0.25	\$221	2070		4.19	\$750	2719	X	9.10	\$750	
0065	D	0.05	\$188	2081		3.62	\$750	2731		3.05	\$683	
0066	D	0.05	\$188	2089		2.26	\$553	2735		2.48	\$589	
0067	D	0.05	\$188	2095		2.68	\$622	2759		6.19	\$750	
0079		2.63	\$614	2105		2.07	\$522	2790		1.17	\$373	
0083		6.91	\$750	2110		1.86	\$487	2802		5.39	\$750	
0106		11.72	\$750	2111		1.68	\$457	2812		3.62	\$750	
0113		3.92	\$750	2112		2.14	\$533	2835		1.38	\$408	
0170		2.18	\$540	2114		2.57	\$604	2836		1.97	\$505	
0251		4.41	\$750	2121		1.64	\$451	2841		3.43	\$746	
0400		7.03	\$750	2130		2.41	\$578	2881		1.90	\$494	
0401		10.26	\$750	2131		1.47	\$423	2883		3.59	\$750	
0771	N	0.26	\$223	2143		1.83	\$482	2913		2.59	\$607	
0908	P	104.13	\$284	2150		—	—	2915		3.21	\$710	
0909	P	—	—	2156		—	—	2916		2.05	\$518	
0912	P	—	—	2157		3.16	\$701	2923		1.70	\$461	
0913	P	278.46	\$458	2172		1.79	\$475	2942		2.01	\$512	
0917		3.08	\$688	2174		2.33	\$564	2960		2.52	\$596	
1005	*	8.18	\$750	2211		4.38	\$750	3004		2.14	\$533	
1016	*	30.26	\$750	2220		1.66	\$454	3018		2.57	\$604	
1164	E	5.99	\$750	2286		1.23	\$383	3022		2.76	\$635	
1165	E	5.71	\$750	2288		3.84	\$750	3027		2.50	\$593	
1320		2.41	\$578	2300		1.79	\$475	3028		2.63	\$614	
1322		9.71	\$750	2302		1.57	\$439	3030		3.47	\$750	
1430		4.38	\$750	2305		2.07	\$522	3040		3.45	\$749	
1438		2.25	\$551	2361		1.12	\$365	3041		2.98	\$672	
1452		1.54	\$434	2362		1.51	\$429	3042		2.70	\$626	
1463		9.62	\$750	2380		5.15	\$750	3064		3.86	\$750	
1472		2.93	\$663	2386		1.01	\$347	3066		—	—	
1624	E	6.33	\$750	2388		1.59	\$442	3069		5.60	\$750	
1642		3.17	\$703	2402		1.92	\$497	3076		2.30	\$560	
1654		6.84	\$750	2413		1.53	\$432	3081	D	2.12	\$530	
1655		3.81	\$750	2416		1.59	\$442	3082	D	3.36	\$734	
1699		1.77	\$472	2417		1.47	\$423	3085	D	2.48	\$589	
1701		2.94	\$665	2501		1.25	\$386	3110		2.53	\$597	
1710	E	5.49	\$750	2503		1.12	\$365	3111		2.52	\$596	
1741	E	1.46	\$421	2534		1.99	\$508	3113		1.80	\$477	
1745	X	2.41	\$578	2570		4.04	\$750	3114		2.13	\$531	
1747		2.01	\$512	2576		—	—	3118		1.19	\$376	
1748		4.72	\$750	2578		—	—	3119		0.90	\$329	
1803	D	4.52	\$750	2585		2.22	\$546	3122		0.96	\$338	
1852	D	1.85	\$485	2586		0.84	\$319	3126		1.64	\$451	
1853		2.20	\$543	2587		1.80	\$477	3131		0.75	\$304	
1860		1.26	\$388	2589		1.33	\$399	3132		1.71	\$462	
1924		2.68	\$622	2600		4.04	\$750	3145		1.59	\$442	
1925		2.21	\$545	2623		2.09	\$525	3146		2.14	\$533	

\*Refer to the Footnotes Page for additional information on this class code.

# NOVA CASUALTY COMPANY WORKERS COMPENSATION

**ARKANSAS**

## RATES

*Proposed Effective January 1, 2008*

Arkansas

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CLASS CODE	FOOT- NOTE	RATES	MINIMUM PREMIUM	CLASS CODE	FOOT- NOTE	RATES	MINIMUM PREMIUM	CLASS CODE	FOOT- NOTE	RATES	MINIMUM PREMIUM
3169	D	2.20	\$543	3827		0.99	\$343	4511		0.57	\$274
3175		2.42	\$579	3830		0.96	\$338	4557		1.52	\$431
3179		1.98	\$507	3851		2.39	\$574	4558		1.57	\$439
3180		1.77	\$472	3865		1.08	\$358	4561		1.59	\$442
3188		1.18	\$375	3881		3.17	\$703	4568		2.23	\$548
3220		1.67	\$456	4000		6.18	\$750	4581		1.40	\$411
3223		2.70	\$626	4021		3.74	\$750	4583		3.83	\$750
3224		2.21	\$545	4024	E	1.42	\$414	4611		0.78	\$309
3227		1.47	\$423	4034		5.74	\$750	4635		3.21	\$710
3240		2.77	\$637	4036		2.20	\$543	4653		1.12	\$365
3241		2.46	\$586	4038		1.77	\$472	4665		5.70	\$750
3255		2.18	\$540	4053		2.69	\$624	4670		3.66	\$750
3257		2.23	\$548	4061		3.60	\$750	4683		3.88	\$750
3270		3.66	\$750	4062		2.61	\$611	4686		0.96	\$338
3300		3.07	\$687	4101		1.65	\$452	4692		0.30	\$230
3303		3.02	\$678	4111		1.94	\$500	4693		0.73	\$300
3307		2.96	\$668	4112		0.80	\$312	4703		1.93	\$498
3315		2.21	\$545	4113		1.40	\$411	4717		2.02	\$513
3334		2.11	\$528	4114		2.01	\$512	4720		3.31	\$726
3336		2.05	\$518	4130		4.68	\$750	4740		1.25	\$386
3365		8.08	\$750	4131		2.26	\$553	4741		1.50	\$428
3372		2.27	\$555	4133		2.15	\$535	4751		1.59	\$442
3373		2.83	\$647	4150		1.09	\$360	4771	N	1.49	\$426
3383		0.81	\$314	4206		3.32	\$728	4777		1.47	\$423
3385		0.74	\$302	4207		0.96	\$338	4825		0.63	\$284
3400		2.15	\$535	4239		1.11	\$363	4828		1.19	\$376
3507		2.43	\$581	4240		2.45	\$584	4829		1.30	\$395
3515		1.97	\$505	4243		1.19	\$376	4902		1.43	\$416
3548		1.04	\$352	4244		1.97	\$505	4923		0.95	\$337
3559		1.80	\$477	4250		1.24	\$385	5020		4.81	\$750
3574		0.99	\$343	4251		1.38	\$408	5022		5.25	\$750
3581		1.01	\$347	4263		1.99	\$508	5037		14.66	\$750
3612		1.85	\$485	4273		1.36	\$404	5040		17.13	\$750
3620		5.08	\$750	4279		1.47	\$423	5057		13.49	\$750
3629		1.59	\$442	4282		1.81	\$479	5059		19.36	\$750
3632		2.57	\$604	4283		1.95	\$502	5069		18.61	\$750
3634		1.59	\$442	4299		1.25	\$386	5102		3.58	\$750
3635		1.49	\$426	4304		2.32	\$563	5146		4.24	\$750
3638		1.32	\$398	4307		2.25	\$551	5160		3.77	\$750
3642		0.77	\$307	4308		—	—	5183		2.73	\$630
3643		2.50	\$593	4351		0.91	\$330	5188		4.54	\$750
3647		2.69	\$624	4352		0.85	\$320	5190		2.66	\$619
3648		1.76	\$470	4360		0.67	\$291	5191	X	1.49	\$426
3681		1.17	\$373	4361		1.12	\$365	5192		3.35	\$733
3685		1.53	\$432	4362		0.90	\$329	5213		6.44	\$750
3719		2.83	\$647	4410		2.45	\$584	5215		3.37	\$736
3724		5.58	\$750	4420		2.90	\$659	5221		3.43	\$746
3726		2.98	\$672	4431		1.23	\$383	5222		8.44	\$750
3803		1.54	\$434	4432		1.32	\$398	5223		4.61	\$750
3807		1.33	\$399	4439		1.56	\$437	5348		3.22	\$711
3808		2.28	\$556	4452		2.85	\$650	5402		4.22	\$750
3821		3.51	\$750	4459		1.76	\$470	5403		8.60	\$750
3822		2.29	\$558	4470		1.90	\$494	5437		3.94	\$750
3824		4.02	\$750	4484		1.95	\$502	5443		3.14	\$698
3826		0.87	\$324	4493		2.35	\$568	5445		3.99	\$750

\*Refer to the Footnotes Page for additional information on this class code.

# NOVA CASUALTY COMPANY WORKERS COMPENSATION

# ARKANSAS

## RATES

<i>Proposed Effective</i>				<i>January 1, 2008</i>				Arkansas				Page 3
CLASS	FOOT-	RATES	MINIMUM	CLASS	FOOT-	RATES	MINIMUM	CLASS	FOOT-	RATES	MINIMUM	
CODE	NOTE		PREMIUM	CODE	NOTE		PREMIUM	CODE	NOTE		PREMIUM	
5462		5.19	\$750	6836		7.72	\$750	7515		0.91	\$330	
5472		4.29	\$750	6843	F	13.55	\$750	7520		2.54	\$599	
5473		4.38	\$750	6845	F	15.95	\$750	7538		8.12	\$750	
5474		6.08	\$750	6854		4.45	\$750	7539		5.16	\$750	
5478		3.73	\$750	6872	F	18.42	\$750	7540		3.43	\$746	
5479		8.72	\$750	6874	F	32.71	\$750	7580		1.73	\$465	
5480		8.52	\$750	6882		5.09	\$750	7590		3.69	\$750	
5491		1.83	\$482	6884		11.17	\$750	7600		2.50	\$593	
5506		3.73	\$750	7016	M	4.62	\$750	7601		10.04	\$750	
5507		4.88	\$750	7024	M	5.14	\$750	7605		2.81	\$644	
5508	D	6.20	\$750	7038	M	5.49	\$750	7610		0.40	\$246	
5535		5.60	\$750	7046	M	24.17	\$750	7611		4.97	\$750	
5536		—	—	7047	M	8.14	\$750	7612		13.84	\$750	
5537		4.68	\$750	7050	M	9.66	\$750	7613		3.98	\$750	
5538		—	—	7090	M	6.10	\$750	7704		—	—	
5551		12.21	\$750	7098	M	26.86	\$750	7705		2.32	\$563	
5606		1.65	\$452	7099	M	42.58	\$750	7710		5.59	\$750	
5610		5.79	\$750	7133		2.94	\$665	7711		5.59	\$750	
5645		9.68	\$750	7151	M	3.57	\$750	7720	X	2.32	\$563	
5651		7.84	\$750	7152	M	6.28	\$750	7855		5.05	\$750	
5703		84.31	\$750	7153	M	3.97	\$750	8001		2.06	\$520	
5705		4.25	\$750	7222		8.38	\$750	8002		2.70	\$626	
5951		0.32	\$233	7228	X	6.56	\$750	8006		1.90	\$494	
6003		8.72	\$750	7229	X	6.53	\$750	8008		0.98	\$342	
6005		5.74	\$750	7230		3.19	\$706	8010		1.81	\$479	
6017		3.63	\$750	7231		7.06	\$750	8013		0.42	\$249	
6018		1.85	\$485	7232		12.00	\$750	8015		0.59	\$277	
6045		2.48	\$589	7309	F	22.70	\$750	8017		1.01	\$347	
6204		8.10	\$750	7313	F	5.23	\$750	8018	X*	2.26	\$553	
6206		6.24	\$750	7317	F	8.38	\$750	8021		1.45	\$419	
6213		9.65	\$750	7327	F	18.26	\$750	8031		2.63	\$614	
6214		2.33	\$564	7333	M	6.22	\$750	8032		1.36	\$404	
6216		4.40	\$750	7335	M	6.91	\$750	8033		1.65	\$452	
6217		4.11	\$750	7337	M	10.96	\$750	8039		1.23	\$383	
6229		3.44	\$748	7350	F	19.83	\$750	8044		2.70	\$626	
6233		6.32	\$750	7360		4.95	\$750	8045		0.39	\$244	
6235		9.56	\$750	7370		4.28	\$750	8046		2.40	\$576	
6236		10.92	\$750	7380	X	3.47	\$750	8047		1.03	\$350	
6237		3.00	\$675	7382		2.35	\$568	8050		—	—	
6251	D	6.51	\$750	7390		2.97	\$670	8058		2.42	\$579	
6252	D	5.90	\$750	7394	M	12.48	\$750	8072		0.55	\$271	
6260	D	4.47	\$750	7395	M	13.86	\$750	8102		2.23	\$548	
6306		4.62	\$750	7398	M	21.97	\$750	8103		3.94	\$750	
6319		4.62	\$750	7403	X	2.39	\$574	8105		3.99	\$750	
6325		4.29	\$750	7405	N	1.26	\$388	8106		3.72	\$750	
6400		5.77	\$750	7409	*	—	—	8107		3.43	\$746	
6504		2.01	\$512	7420	X*	18.22	\$750	8111		2.67	\$621	
6702	M*	6.14	\$750	7421		1.90	\$494	8116		3.86	\$750	
6703	M*	10.81	\$750	7422		2.09	\$525	8203		5.22	\$750	
6704	M*	6.82	\$750	7423	X	2.39	\$574	8204		5.27	\$750	
6801	F	11.79	\$750	7425		2.95	\$667	8209		2.59	\$607	
6811		4.72	\$750	7431	N	1.64	\$451	8215		4.63	\$750	
6824	F	20.38	\$750	7445	N	0.68	\$292	8227		3.67	\$750	
6826	F	9.86	\$750	7453	N	0.88	\$325	8232		5.44	\$750	
6834		3.52	\$750	7502		2.48	\$589	8233		4.11	\$750	

\*Refer to the Footnotes Page for additional information on this class code.

**NOVA CASUALTY COMPANY  
WORKERS COMPENSATION**

**ARKANSAS**

**RATES**

*Proposed Effective January 1, 2008*

Arkansas

Page 4

CLASS CODE	FOOT- NOTE	RATES	MINIMUM PREMIUM	CLASS CODE	FOOT- NOTE	RATES	MINIMUM PREMIUM	CLASS CODE	FOOT- NOTE	RATES	MINIMUM PREMIUM
8235		3.44	\$748	9012		1.42	\$414				
8263		7.72	\$750	9014		1.98	\$507				
8264		3.43	\$746	9015	X	2.34	\$566				
8265		8.13	\$750	9016		4.19	\$750				
8279		8.79	\$750	9019		2.82	\$645				
8288		5.70	\$750	9033		1.53	\$432				
8291		2.07	\$522	9040	*	2.96	\$668				
8292		2.52	\$596	9052		1.49	\$426				
8293		6.95	\$750	9058		1.45	\$419				
8295	X	5.04	\$750	9059		2.49	\$591				
8304		6.01	\$750	9060		1.52	\$431				
8350		4.40	\$750	9061		1.16	\$371				
8380		2.97	\$670	9063		0.92	\$332				
8381		1.18	\$375	9077	F	3.36	\$734				
8385		2.27	\$555	9082		1.39	\$409				
8392		2.93	\$663	9083		1.24	\$385				
8393		1.38	\$408	9084		1.72	\$464				
8500		4.27	\$750	9089		1.11	\$363				
8601		0.59	\$277	9093		1.24	\$385				
8606		3.03	\$680	9101		2.59	\$607				
8709	F	6.90	\$750	9102		2.54	\$599				
8719		1.51	\$429	9110		—	—				
8720		1.01	\$347	9154		2.07	\$522				
8721		0.34	\$236	9156		1.18	\$375				
8726	F	8.20	\$750	9170		1.98	\$507				
8734	M	0.59	\$277	9178		21.14	\$750				
8737	M	0.53	\$267	9179		36.90	\$750				
8738	M	0.92	\$332	9180		3.66	\$750				
8742	X	0.43	\$251	9182		2.26	\$553				
8745		3.94	\$750	9186		45.99	\$750				
8748		0.35	\$238	9220		3.19	\$706				
8755		0.25	\$221	9402		4.45	\$750				
8799		0.82	\$315	9403		5.46	\$750				
8800		0.82	\$315	9410		1.66	\$454				
8803		0.07	\$192	9501		4.08	\$750				
8805	M	0.28	\$226	9505		3.00	\$675				
8810		0.21	\$215	9516		2.39	\$574				
8814	M	0.26	\$223	9519		2.08	\$523				
8815	M	0.46	\$256	9521		4.47	\$750				
8820		0.19	\$211	9522		1.30	\$395				
8824		2.40	\$576	9534		6.33	\$750				
8825		1.99	\$508	9554		7.31	\$750				
8826		1.91	\$495	9586		0.62	\$282				
8829		2.27	\$555	9600		1.37	\$406				
8831		2.52	\$596	9620		1.03	\$350				
8832		0.23	\$218								
8833	X*	0.95	\$337								
8835		1.83	\$482								
8842		0.99	\$343								
8861		—	—								
8864		0.99	\$343								
8868		0.34	\$236								
8869		0.63	\$284								
8871		0.21	\$215								
8901		0.25	\$221								

\*Refer to the Footnotes Page for additional information on this class code.

<i>SERFF Tracking Number:</i>	<i>REGU-125323683</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Nova Casualty Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026440</i>
<i>Company Tracking Number:</i>	<i>NCC-AR-WC-07-2</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>Adoption of NCCI 1/1/2008 Loss Costs/NCC-AR-WC-07-2</i>		

## Supporting Document Schedules

<b>Satisfied -Name:</b>	Uniform Transmittal Document-Property & Casualty	<b>Review Status:</b>	Approved	10/17/2007
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**Comments:**

Please see the attached NAIC Transmittal and Rate/Rule Filing Schedule.

**Attachment:**

NAIC Transmittal & RRF Schedule - AR.pdf

<b>Satisfied -Name:</b>	NAIC Loss Cost Filing Document for Workers' Compensation	<b>Review Status:</b>	Approved	10/17/2007
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**Comments:**

Please see the attached state forms for the derivation of the LCM. Please note that these exhibits develop the same LCM as Nova's initial filing stamped effective July 1, 2006 by the Arkansas Insurance Department.

**Attachments:**

AR Loss Cost Reference Filing Adoption Form.pdf

AR Calculation of Company LCM.pdf

<b>Satisfied -Name:</b>	NAIC loss cost data entry document	<b>Review Status:</b>	Approved	10/17/2007
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**Comments:**

Please see attached rate filing abstract.

**Attachment:**

AR Rate Filing Abstract.pdf

<b>Satisfied -Name:</b>	Filing Letter	<b>Review Status:</b>	Approved	10/17/2007
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**Comments:**

**Attachment:**

AR Letter.pdf

<b>Satisfied -Name:</b>	Nova Filing Authorization Letter	<b>Review Status:</b>	Approved	10/17/2007
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<i>SERFF Tracking Number:</i>	<i>REGU-125323683</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Nova Casualty Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026440</i>
<i>Company Tracking Number:</i>	<i>NCC-AR-WC-07-2</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>Adoption of NCCI 1/1/2008 Loss Costs/NCC-AR-WC-07-2</i>		

**Comments:**

**Attachment:**

Nova Filing Authorization Letter.pdf





## Property & Casualty Transmittal Document


<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">a. Date the filing is received:</td></tr> <tr><td style="padding: 2px;">b. Analyst:</td></tr> <tr><td style="padding: 2px;">c. Disposition:</td></tr> <tr><td style="padding: 2px;">d. Date of disposition of the filing:</td></tr> <tr><td style="padding: 2px;">e. Effective date of filing:</td></tr> <tr> <td style="padding: 2px; text-align: center;">New Business</td> <td style="width: 100px;"></td> </tr> <tr> <td style="padding: 2px; text-align: center;">Renewal Business</td> <td></td> </tr> <tr><td style="padding: 2px;">f. State Filing #:</td></tr> <tr><td style="padding: 2px;">g. SERFF Filing #:</td></tr> <tr> <td style="padding: 2px;">h. Subject Codes</td> <td style="width: 100px;"></td> </tr> </table>	a. Date the filing is received:	b. Analyst:	c. Disposition:	d. Date of disposition of the filing:	e. Effective date of filing:	New Business		Renewal Business		f. State Filing #:	g. SERFF Filing #:	h. Subject Codes	
a. Date the filing is received:														
b. Analyst:														
c. Disposition:														
d. Date of disposition of the filing:														
e. Effective date of filing:														
New Business														
Renewal Business														
f. State Filing #:														
g. SERFF Filing #:														
h. Subject Codes														

<b>3. Group Name</b>	<b>Group NAIC #</b>

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Nova Casualty Company	New York	42552	16-1140177	

<b>5. Company Tracking Number</b>	NCC-AR-WC-07-2
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Kevin Purcell Insurance Regulatory Consultants 50 Broad Street, Suite 501 New York, NY 10004	Vice President	(212) 571-3989	(212) 571-2502	<a href="mailto:kevinpurcell@irclic.com">kevinpurcell@irclic.com</a>
7. Signature of authorized filer				
8. Please print name of authorized filer		Kevin W. Purcell		

**Filing information** (see General Instructions for descriptions of these fields)

<b>9. Type of Insurance (TOI)</b>	Workers Compensation
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	Workers Compensation
<b>11. State Specific Product code(s)</b> (if applicable)[See State Specific Requirements]	N/A
<b>12. Company Program Title</b> (Marketing title)	
<b>13. Filing Type</b>	<input checked="" type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
<b>14. Effective Date(s) Requested</b>	New: 1/1/2008                      Renewal:
<b>15. Reference Filing?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>16. Reference Organization</b> (if applicable)	National Council on Compensation Insurance (NCCI)
<b>17. Reference Organization # &amp; Title</b>	AR Item Filing #AR-2007-10 (NCCI Approval Circular #AR-2007-13.)
<b>18. Company's Date of Filing</b>	10/15/2007
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document—

**20. This filing transmittal is part of Company Tracking #** NCC-AR-WC-07-2

**21. Filing Description** [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

Nova Casualty Company (Nova), a member of the National Council on Compensation Insurance (NCCI) respectfully submits this filing to adopt the January 1, 2008 loss costs as contained in NCCI Approval Circular Number AR-2007-13. This corresponds to Arkansas Item Filing #AR-2007-10. All other rules and rating plans filed by Nova will remain unchanged.

Nova is filing only to adopt the January 1, 2007 NCCI loss costs. The Loss Cost Multiplier (LCM) that will be used with these loss costs will be the currently approved Nova LCM of 1.17 in Arkansas.

**22. Filing Fees** (Filer must provide check # and fee amount if applicable)  
[If a state requires you to show how you calculated your filing fees, place that calculation below]

**Check #:** SERFF EFT Filing # REGU-125323683

**Amount:** \$50.00

**Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.**

**\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

**RATE/RULE FILING SCHEDULE**

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the compone

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>					NCC-AR-WC-07-2		
<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)							
<input checked="" type="checkbox"/> Rate Increase <input type="checkbox"/> Rate Decrease <input type="checkbox"/> Rate Neutral (0%)								
<b>3.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>							
<b>4a.</b>	<b>Rate Change by Company (As Proposed)</b>							
	<b>Company Name</b>	<b>Overall % Indicated Change (when applicable)</b>	<b>Overall % Rate Impact</b>	<b>Written premium change for this program</b>	<b># of policyholders affected for this program</b>	<b>Written premium for this program</b>	<b>Maximum % Change (where required)</b>	<b>Minimum % Change (where required)</b>
	Nova Casualty Company	N/A	2.7%	0	0	0	N/A	N/A
<b>4b.</b>	<b>Rate Change by Company (As Accepted) For State Use Only</b>							
	<b>Company Name</b>	<b>Overall % Indicated Change (when applicable)</b>	<b>Overall % Rate Impact</b>	<b>Written premium change for this program</b>	<b># of policyholders affected for this program</b>	<b>Written premium for this program</b>	<b>Maximum % Change (where required)</b>	<b>Minimum % Change (where required)</b>
<b>Overall Rate Information (Complete for Multiple Company Filings only)</b>								
						<b>COMPANY USE</b>	<b>STATE USE</b>	
<b>5a.</b>	<b>Overall percentage rate indication (when applicable)</b>							
<b>5b.</b>	<b>Overall percentage rate impact for this filing</b>							
<b>5c.</b>	<b>Effect of Rate Filing – Written premium change for this program</b>							
<b>5d.</b>	<b>Effect of Rate Filing – Number of policyholders affected</b>							
<b>6.</b>	<b>Overall percentage of last rate revision</b>							
<b>7.</b>	<b>Effective Date of last rate revision</b>							
<b>8.</b>	<b>Filing Method of Last filing (Prior Approval, File &amp; Use, Flex Band, etc.)</b>							
<b>9.</b>	<b>Rule # or Page # Submitted for Review</b>			<b>Replacement or Withdrawn?</b>		<b>Previous state filing number, if required by state</b>		
01				<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn				
02				<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn				
03				<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn				

ARKANSAS INSURANCE DEPARTMENT  
WORKERS COMPENSATION INSURER RATE FILING  
ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE  
LOSS COSTS REFERENCE FILING ADOPTION FORM

DATE **January 1, 2008**

Page 1 of 2

1 INSURER NAME **Nova Casualty Company**  
ADDRESS **726 Exchange Street, Suite 1020**  
**Buffalo, New York 14210**

PERSON RESPONSIBLE FOR FILING **Kevin Purcell**

TITLE **Vice President** TELEPHONE NO. **(212) 571-3989**

2. INSURER NAIC NO. **42552** GROUP NO. **N/A**

3. ADVISORY ORGANIZATION **National Council on Compensation Insurance**

4. ADVISORY ORGANIZATION REFERENCE FILING NO. **Arkansas - NCCI Item Filing # AR-2007-10**

5. The above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory organization for this line of insurance. The insurer hereby files (to be deemed to have independently submitted as its own filing) the prospective loss costs in the captioned Reference Filing.  
The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers and, if utilized, the expense constants specified in the attachments.

6. A. PROPOSED RATE LEVEL CHANGE **2.7%** EFFECTIVE DATE **January 1, 2008**

**No Premium Written**

B. PROPOSED PREMIUM LEVEL CHANGE **0.0%** EFFECTIVE DATE **January 1, 2008**

7. A. PRIOR RATE LEVEL CHANGE **0.0%** EFFECTIVE DATE **N/A - New**

B. PRIOR PREMIUM LEVEL CHANGE **0.0%** EFFECTIVE DATE **N/A - New**

8. ATTACH "SUMMARY OF SUPPORTING INFORMATION FORM"  
(Use a separate Summary for each insurer-selected loss cost multiplier.)

9. CHECK **ONE** OF THE FOLLOWING:

( ☒ ) The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable to future revisions of the advisory organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory organization's prospective loss costs and the insurer's loss cost multipliers and, if utilized, expense constants specified in the attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or until amended or withdrawn by the insurer.

( ☐ ) The insurer hereby files to have its loss cost multipliers and, if utilized, expense constants be applicable only to the above Advisory Organization Reference Filing.

ARKANSAS INSURANCE DEPARTMENT

Page 2 of 2

WORKERS COMPENSATION INSURER RATE FILING  
ADOPTION OF ADVISORY ORGANIZATION PROSPECTIVE  
LOSS COSTS SUMMARY OF SUPPORTING INFORMATION FORM  
CALCULATION OF COMPANY LOSS MULTIPLIER

INSURER NAME: Nova Casualty Company DATE October 15, 2007  
NAIC NUMBER: 42552 # GROUP NO. N/A

1. Does this filing apply to all classes contained in Item 4 of the Reference Filing Adoption Form? ☒ Yes ( ) No If No, for each affected class, attach Page 2 of Form RF-WC with appropriate justification.

2. Loss Cost Modification:

A. The insurer hereby files to adopt the prospective loss costs in the captioned reference filing (CHECK ONE)

☐ Without modification (factor = 1.000).

☒ With the following modification(s). (Cite the nature and percent modification, and attach supporting data and/  
rationale for the modification.) 20% deviation based on NCC's target market and review of the competitive  
market in Arkansas

B. Loss Cost Modification expressed as a Factor. 0.800 (See Examples Below)

3. Development of Expected Loss and Loss Adjustment Expense (Target Cost) Ratio. (Attach exhibit detailing insurer expense data, impact of premium discount plans, and/or other supporting information.)

PROJECTED EXPENSES: Compared to standard premium at company rates.

A. Total Production Expense	Selected Provisions <b>10.50%</b>
B. General Expense	<b>7.00%</b>
C. Taxes, Licenses and Fees	<b>9.20%</b>
D. Underwriting Profit and Contingencies*	<b>2.50%</b>
E. Other (explain) (Investment Income Offset - See Exhibit I)	<b>-4.20%</b>
F. TOTAL	<b>25.00%</b>

\* Explain how investment income is taken into account.

(See Item Actuarial Memorandum and Exhibits I and II)

4. A. Expected Loss and Loss Adjustment Expense Ratio: ELR = 1.000 - 3F =	<b>75.00%</b>
B. ELR in Decimal Form =	<b>0.7500</b>

5. Overall Impact of Expense Constant and Minimum Premiums: (A 2.3% impact would be expressed as 1.023)	<b>1.0110</b>
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6. Overall Impact of Size-of-Risk Discounts plus Expense Graduation Recognition in Retrospective Rating: (An 8.67% average discount would be expressed as 0.914.)	<b>0.926</b>
--	--------------

7. Company Formula Loss Cost Multiplier: $2B / [6-3F] \times 5 =$	<b>1.170</b>
---	--------------

8. Company Selected Loss Cost Multiplier = Explain any differences between 7 and 8:	<b>1.170</b>
--	--------------

	YES	NO
9. Are you amending your minimum premium formula? If yes, attach documentation, including rate level impact as well as changes in multipliers, expense constants, maximum minimums, etc.	( )	( X )
10. Are you changing your premium discount schedules? If yes, attach schedules and support, detailing premium or rate level change.	( )	( X )

# ARKANSAS

## ARKANSAS INSURANCE DEPARTMENT RATE FILING ABSTRACT

Insurer Name **Nova Casualty Company**  
 NAIC Number **42552**  
 Name of Advisory Organization Whose Filing You Are Referencing \_\_\_\_\_  
 Co. Affiliation to Advisory Organization: Member **X** Subscriber \_\_\_\_\_  
 Reference Filing # **Arkansas - NCCI Item Filing #AR-2007-10**

Contact Person **Kevin Purcell**  
 Signature *Kevin W. Purcell*  
 Telephone No. **(212) 571-3894**  
 Service Purchaser \_\_\_\_\_  
 Proposed Effective Date **January 1, 2008**

(1) LINE OF INSURANCE By Coverage	(2) Indicated % Rate Level Change	(3) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(4) Expected Loss Ratio	(5) Loss Cost Modification Factor	(6) Selected Loss Cost Multiplier	(7) Expense Constant (if Applicable)	(8) Co. Current Loss Cost Multiplier
<b>Workers Compensation</b>	<b>N/A</b>	<b>2.7%</b>	<b>0.750</b>	<b>0.800</b>	<b>1.170</b>	<b>\$180</b>	<b>N/A - New</b>
<b>TOTAL OVERALL EFFECT</b>	<b>N/A</b>	<b>2.7%</b>	<b>0.750</b>	<b>0.800</b>	<b>1.170</b>	<b>\$180</b>	<b>N/A - New</b>

**Y** Apply Loss Cost Factors to Future Filings? (Y or N)  
**N/A** Maximum Rate Increase for any Arkansas Insured (%)  
**N/A** Maximum Rate Decrease for any Arkansas Insured (%)

Corresponds to Question 3 on RF-2 or RF-WC

### 5 Year History

Rate Change History								Selection Provisions	
Year	Policy Count	%	Eff. Date	AR Earned Premium (000)	Incurred Losses (000)	Arkansas Loss Ratio	Countrywide Loss Ratio		
2007	0	0	7/1/2007	0	0	0	0.000	A. Total Production Expense	<b>10.5%</b>
2006	0	0	7/1/2006	0	0	0	0.000	B. General Expense	<b>7.0%</b>
Initial Filing								C. Taxes, License & Fees	<b>9.2%</b>
								D. Underwriting Profit & Contingencies	<b>2.5%</b>
								E. Other (explain)- Investment Income Offset	<b>-4.2%</b>
								F. TOTAL	<b>25.0%</b>

**IRC**

*filing on behalf of NOVA CASUALTY COMPANY*

**Submitted via SERFF**

**October 15, 2007**

Honorable Julie Benafield Bowman  
Commissioner of Insurance  
Arkansas Insurance Department  
1200 West Third Street  
Little Rock, AR 72201

Please be advised that Insurance Regulatory Consultants (IRC) has been appointed to submit this filing on behalf of **Nova Casualty Company**. A copy of this authorization is attached to this filing.

**Re: Nova Casualty Company**  
**NAIC Number: 42552**  
**Workers Compensation**  
**Adoption of NCCI 1/1/2008 Workers Compensation Loss Costs (AR-2007-13)**  
**Company Filing Designation Number: NCC-AR-WC-07-2**  
**Effective Date: January 1, 2008**  
**State of Arkansas**

Dear Commissioner Bowman:

Nova Casualty Company (Nova), a member of the National Council on Compensation Insurance (NCCI) respectfully submits this filing to adopt the January 1, 2008 loss costs as contained in **NCCI Approval Circular Number AR-2007-13**. This corresponds to Arkansas Item Filing #AR-2007-10. All other rules and rating plans filed by Nova will remain unchanged.

Nova is filing only to adopt the January 1, 2007 NCCI loss costs. The Loss Cost Multiplier (LCM) that will be used with these loss costs will be the currently approved Nova LCM of 1.17 in Arkansas.

We have entered a \$50 EFT in the SERFF system in the amount of **\$50.00** to cover the required filing fee for.

We ask that this filing become effective for all policies effective on or after January 1, 2008.

Thank you for your prompt review and consideration of this filing. Should you need any additional information or have any questions, please do not hesitate to contact me.

Sincerely,



Kevin Purcell  
Insurance Regulatory Consultants, LLC  
(212) 571-3989 (phone) (212) 571-2502 (fax)  
[kevinpurcell@ircllc.com](mailto:kevinpurcell@ircllc.com) (e-mail)  
*filing on behalf of Nova Casualty Company*



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Fax (716) 855-1240  
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Fax (716) 856-0069  
Premium Accounting  
Fax (716) 856-4351  
Bond Dept  
Fax (716) 852-5590  
www.novacasualty.com

## LETTER OF FILING AUTHORIZATION

This will certify that Insurance Regulatory Consultants, LLC (IRC) has been given full authorization to submit the captioned filing below on behalf of **Nova Casualty Company**. This authorization extends to all correspondence regarding this filing.

Craig Rappaport

Name

October 15, 2007

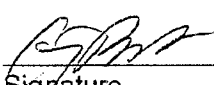
Date

Senior Vice President

Title

Nova Casualty Company

Company

  
Signature

(716) 856-3722

Telephone Number

Re: Nova Casualty Company  
NAIC Number: 42552  
Workers Compensation  
Adoption of NCCI 1/1/2008 WC Loss Costs (Item Filing # AR-2007-10)  
Company Filing Designation Number: NCC-AR-WC-07-2  
Effective Date: January 1, 2008  
State of Arkansas

Regional Underwriting Offices

(All Claims to Corporate Office Above)

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